



# Employee Internet Access Agreement Form

*Please Print Clearly*

## Agency Information

Agency Name				Agency PON	
Agency	Department	Division			
Agency Address					
Address	City	State	Zip Code		

## Employee Information

Last	First	MI	Phone	
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### INTERNET USE POLICY -- CONSENT FORM

I have read and understand the Employee Internet Use Policy for ADOA. I agree to comply with all terms and conditions of this policy. To review the policy, go to the Information Security Services WEB Site: <http://www.azdoa.gov/isd/ais>

I understand and agree that all network and information systems activity conducted with state/agency resources, is the property of the ADOA and the State of Arizona.

I agree that ADOA as a condition of granting me Internet access and use has the right to monitor, log and archive all network activity, content and electronic communication, whether related to State business or personal in nature, including E-mail, temporary internet files, or cache files. All electronic communications, business or personal, are subject to review by ADOA at any time, and I understand that such information is backed-up, stored and may be accessible even after I have attempted to delete the information. I have no expectation of privacy in these electronic communications, and understand that monthly Internet usage reports are furnished to managers. These reports include a list of sites visited by each user and the length of time spent at these sites. I further understand and agree that if monitoring, logging and archiving of State business or personal electronic communications discloses any activity that is contrary to ADOA's Internet Use Policy, or any other State policy, administrative rule, or State or federal statute, the information obtained may be used in disciplinary action against me, and may be furnished to law enforcement agencies for criminal prosecution.

**MY SIGNATURE BELOW CONFIRMS THAT I ACCEPT THE TERMS OF THIS AGREEMENT.**

Employee Signature		Date:
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**THE SIGNATURE BELOW CONFIRMS THAT YOUR MANAGER HAS AUTHORIZED YOUR ACCESS TO THE INTERNET.**

Agency Authorizing Manager	Print Name	Phone No.:
Agency Authorizing Manager	Signature	Date:

**When completed FAX to 602 542.0095**

### For ADOA Administrative Use Only

Request Received \_\_\_\_\_ Received By \_\_\_\_\_  
Date AIS Analyst